

**DECLARATION - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled GROSS PATHOLOGY BREAST MAP; the specification of which was filed on **April 8, 2004** as Application Serial No. **10/820,433**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application listed below.

Application No.: 60/461,433

Filing Date: April 10, 2003

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Michael R. Forman**

Inventor's signature Michael R. Forman

Date August 30, 2004

Residence: **Los Gatos, CA**

Citizenship: **United States**

Mailing Address: **18311 Las Cumbres Road, Los Gatos, CA 95033**

Full name of second inventor: **Darius Francescatti**

Inventor's signature _____

Date _____

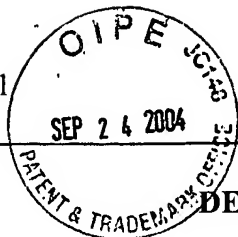
Residence: **Barrington, IL 60010**

Citizenship: **United States**

Mailing Address: **26455 Falkirk, Barrington, IL 60010**

Send Correspondence To:
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

H:\DOCS\GVH\GVH-6121.DOC
072604

**DECLARATION - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled GROSS PATHOLOGY BREAST MAP; the specification of which was filed on **April 8, 2004** as Application Serial No. **10/820,433**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application listed below.

Application No.: 60/461,433

Filing Date: April 10, 2003

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Michael R. Forman**

Inventor's signature _____

Date _____

Residence: **Los Gatos, CA**

Citizenship: **United States**

Mailing Address: **18311 Las Cumbres Road, Los Gatos, CA 95033**

Full name of second inventor: **Darius Francescatti**

Inventor's signature *Darius Francescatti*

Date *26 Aug 04*

Residence: **Barrington, IL 60010**

Citizenship: **United States**

Mailing Address: **26455 Falkirk, Barrington, IL 60010**

Send Correspondence To:
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

H:\DOCS\GVH\GVH-6121.DOC
072604